

Iowa Department of Education

## WAIVER REQUEST H1N1-Related School Dismissals

Summer Food Service Program or Seamless Summer Option

**Fax or mail waiver request to:**

Iowa Department of Education  
Grimes State Office Building  
Bureau of Nutrition, Health and  
Transportation Services  
400 E. 14<sup>th</sup> St. Des Moines, Iowa 50319  
**Fax: 515.281.6548**  
Attn: Rod Bakken (515.281.4760) or  
Patti Harding (515.281.4754)

**School Food Authority (SFA)/Organization:** \_\_\_\_\_

**Agreement Number:** *For public SFAs, the agreement number is the four digit district number followed by 4 zeros (i.e., 99990000). For non-public organizations, the agreement number is the 8 digit school meals agreement number (example: 99998888):* \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Contact E-mail:** \_\_\_\_\_

***Please complete the following questions and table about your planned meal distribution program for all participating school building sites. If there are any variances between buildings, please make note of them in your response.***

**1. Check the box for your preferred program participation under the H1N1 Waiver:**

☐ Summer Food Service Program (SFSP)

NOTE: If you did not participate in the 2009 SFSP Program instructions will follow to complete the on-line application.

☐ Seamless Summer Option (SSO)

NOTE: Do not enter SSO information in your site application at this time. Instructions will follow to complete the on-line application.

**2. Did you operate the SFSP/SSO in 2009?**      ☐ YES      ☐ NO

**3. After there has been a declaration of a public health emergency related to H1N1 and if your school building(s) are dismissed, when would the meal service start?**

- a. Next normal school day after the dismissal
- b. Next day (not a normal school day) after the dismissal
- c. First Monday after dismissal
- d. Other (please specify): \_\_\_\_\_

Please explain any variances between school buildings sites, if applicable:

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**4. Circle the planned meal distribution method(s):**

- a. Pick-up at a central location (school, park, church)

Describe how you will verify that the adult picking up meals has an enrolled child in the closed school: \_\_\_\_\_

- b. Delivery to homes

- c. Other (please specify): \_\_\_\_\_

Please explain any variances between school buildings sites, if applicable:

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**5. How will your meal distribution target low-income children, including children that may not have free or reduced price eligibility information readily available (i.e., children new to the district):**

- a. Distribution in school attendance areas with 50 percent or more of their enrolled students certified eligible for free or reduced price meals
- b. Distribution to children in areas known to have low income children
- c. Distribution to individual low income children's homes based on income eligibility forms.
- d. Other: \_\_\_\_\_

Please explain any variances between school buildings sites, if applicable:

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**6. SFAs must ensure that duplicate meals are not served to the children of the same household for the same meal, and that the same household is not provided services from more than one SFA.** For example, children in one household may attend both an elementary school and a middle school; if both buildings are closed this may result in duplicate meals served to one household. LEAs participating in a whole grade sharing agreements must coordinate their meal programs to prevent duplication.

- a. Not applicable (one school building in district)
- b. Whole grade sharing or multiple buildings (indicate plan below i., ii. iii, etc.)
  - i. Geographic areas for service will be assigned
  - ii. Cross checking daily to prevent duplication
  - iii. Preparation of all meals from one site.
  - iv. Other\_\_\_\_\_

**7. SFAs are encouraged to consider collaboration when feasible. For example, public SFAs may collaborate to provide meals to the students of non-public SFAs within their district or neighboring SFAs may wish to serve all students from one SFA. In addition other key community partners or organizations may be engaged as part of the plan.**

- a. Not applicable. No collaboration is anticipated.
- b. Collaboration is anticipated with the following SFAs:

Name	Agreement Number
_____	_____
_____	_____

How will the claims be filed?

☐ Each SFA will file separately    ☐ One SFA will file all claims. Name of SFA:\_\_\_\_\_

- c. Collaboration is anticipated with the following other partners:\_\_\_\_\_

**8. Are you planning to serve infants (0-12 months)?**                      ☐ YES            ☐ NO

*If you answered yes, you will be contacted by the SA for additional pre-approval requirements.*

**9. Circle what methods will be used to communicate with families about receiving meals for their children:**

- a. Letter sent home with children from school
- b. Announcement in the local newspaper
- c. Announcement on the radio
- d. Announcement on local cable channel
- e. Posting of signs in WIC offices
- f. Posting of signs in community medical offices
- g. Other (please specify):\_\_\_\_\_

**10. How will you ensure proper operation of the program including meal pattern, meal counts, food safety and oversight (circle all that apply)?**

- a. We will maintain SFSP/SSO menus
- b. We will maintain food production records
- c. We will maintain counts by meal type of number of reimbursable meals served to eligible students/children
- d. We will follow normal NSLP production practices (i.e., HACCP guidelines)
- e. Other (please specify):\_\_\_\_\_

Please explain any variances between school buildings sites, if applicable:

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**11. Describe any additional changes to standard meal service operations that will be necessary when serving meals during an H1N1 related school dismissal. (This may include issues of personnel and staffing, availability of suppliers, procurement requirements, and any limitations by current SFA contracts with suppliers or food service management companies, etc.)**

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**Provide the following for each school covered by this waiver request:**

(Up to two meals or one meal and one snack, per child, per day, in any combination except, under SFSP lunch and supper is not an allowed combination).

School Name	Address	Contact Name	Phone	% F/R Eligible	Production Site (Y/N)	Estimate the Average Number of Daily Meals Served			
						Breakfast	Lunch	Snack	Supper

***Please make a copy if you need additional space.***

SFA Certification – <i>I hereby certify that the information provided on this waiver application is correct and complete.</i>		
Signature of Superintendent or Designee:	Title:	Date:

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**FOR IOWA DEPARTMENT OF EDUCATION USE ONLY**

Signature of State Agency Authority:	Title:	Date:
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